



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 4724

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/513,086	02/24/2000 RULE	514	1632	MSU 4.1-458	
<b>APPLICANTS</b> Linda S. Mansfield, Bath, MI; Mary G. Rossano, Mason, MI; Alice J. Murphy, St. Johns, MI; Ruth A. Vrable, Williamston, MI;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/152,193 09/02/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/11/2000					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /WU-CHENG WINSTON SHEN/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance W.S. Initials	<b>STATE OR COUNTRY</b>  MI	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>  50	<b>INDEPENDENT CLAIMS</b>  17
<b>ADDRESS</b> MCLEOD & MOYNE, P.C. 2190 COMMONS PARKWAY OKEMOS, MI 48864 UNITED STATES					
<b>TITLE</b> Vaccine to control equine protozoal myeloencephalitis in horses					
<b>FILING FEE RECEIVED</b> 1336	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		